



## DELAWARE HEALTH AND SOCIAL SERVICES

### Division of Child Support Enforcement

#### Request for Change of Address

Please complete all information on this form to assist us in accurately updating your account with your current address. ***PLEASE PRINT ALL INFORMATION.***

***A copy of official photo identification with a signature must accompany this form.***

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_

DCSE Case Number(s): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
Development or Apartment Complex

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

Previous Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
Development or Apartment Complex

\_\_\_\_\_  
City, State, Zip Code

**Declaration:** I declare under the penalties of perjury that the information given by me on this form is true and complete to the best of my knowledge.

**You are also responsible for reporting your change of address to the Family Court of the State of Delaware.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_